

State Water Resources Control Board

Division of Drinking Water

January 10, 2019

System No. 1502325

Donald Woodard, Planner
Kern County Parks & Recreation Dept.
1115 Truxtun Avenue, 3rd Floor
Bakersfield, CA 93301

CITATION NO. 03_19_19C_002

TOTAL COLIFORM MAXIMUM CONTAMINANT LEVEL (MCL) VIOLATION FOR NOVEMBER 2018

Enclosed is Citation No. 03_19_19C_002 (hereinafter "Citation"), issued to the Kern County Parks & Recreation - Tehachapi Mountain Park Water System (hereinafter "Water System"), public water system for violating the total coliform MCL during the month of November 2018. **Please note that there are legally enforceable deadlines associated with this Citation starting on page 5.**

The Water System will be billed at the State Water Resources Control Board's (hereinafter "State Water Board"), hourly rate for the time spent on issuing this Citation. California Health and Safety Code, (hereinafter "CHSC"), Section 116577, provides that a public water system must reimburse the State Water Board for actual costs incurred by the State Water Board for specified enforcement actions, including but not limited to, preparing, issuing and monitoring compliance with a citation. At this time, the State Water Board has spent approximately one hour on enforcement activities associated with this violation.

The Water System will receive a bill sent from the State Water Board in August of the next fiscal year. This bill will contain fees for any enforcement time spent on the Water System for the current fiscal year.

Any person who is aggrieved by a citation, order or decision issued under authority delegated to an officer or employee of the state board under Article 8 (commencing with CHSC, Section 116625) or Article 9 (commencing with CHSC, Section 116650), of the Safe Drinking Water Act (CHSC, Division 104, Part 12, Chapter 4), may file a petition with the State Water Board for reconsideration of the citation, order or decision.

Petitions must be received by the State Water Board within 30 days of the issuance of the citation, order or decision by the officer or employee of the state board. The date of issuance is the date when

the Division of Drinking Water mails a copy of the citation, order or decision. If the 30th day falls on a Saturday, Sunday, or state holiday, the petition is due the following business day by 5:00 p.m.

Information regarding filing petitions may be found at:

http://www.waterboards.ca.gov/drinking_water/programs/petitions/index.shtml

If you have any questions regarding this matter, please contact Osiel Jaime of my staff at (661) 335-7347 or me at (661) 335-7318.

Sincerely,

A handwritten signature in blue ink, reading "Jaswinder S. Dhaliwal". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Jaswinder S. Dhaliwal, P.E.
Senior Sanitary Engineer, Tehachapi District
Southern California Drinking Water Field Operations Branch
DIVISION OF DRINKING WATER

Enclosure: Citation No. 03_19_19C_002

Certified Mail No. 7012 1010 0001 3880 2093

cc: Kern County Dept. of Public Health, Env. Health Division

JSD/ojj

STATE OF CALIFORNIA
STATE WATER RESOURCES CONTROL BOARD
DIVISION OF DRINKING WATER

Name of Public Water System: Kern County Parks & Recreation Dept. -
Tehachapi Mountain Park Water System

Water System No: 1502325

Attention: Donald Woodard, Planner
Kern County Parks & Recreation Department
1115 Truxtun Avenue, 3rd Floor
Bakersfield, CA 93301

Issued: January 10, 2019

CITATION FOR NONCOMPLIANCE WITH
CALIFORNIA HEALTH AND SAFETY CODE, SECTION 116555(a)(1) AND
CALIFORNIA CODE OF REGULATIONS, TITLE 22, SECTION 64426.1(b)(2)
TOTAL COLIFORM MAXIMUM CONTAMINANT LEVEL VIOLATION FOR
NOVEMBER 2018

The California Health and Safety Code (hereinafter "CHSC"), Section 116650 authorizes the State Water Resources Control Board (hereinafter "State Water Board"), to issue a citation to a public water system when the State Water Board determines that the public water system has violated or is violating the California Safe Drinking Water Act (hereinafter "California SDWA"), (CHSC, Division 104, Part 12, Chapter 4, commencing with

1 Section 116270), or any regulation, standard, permit, or order issued or
2 adopted thereunder.

3
4 The State Water Board, acting by and through its Division of Drinking Water
5 (hereinafter "Division") and the Deputy Director for the Division, hereby
6 issues Citation No. 03_19_19C_002 (hereinafter "Citation"), pursuant to
7 Section 116650 of the CHSC to the Kern County Parks & Recreation Dept. -
8 Tehachapi Mountain Park Water System (hereinafter "Water System"), for
9 violation of CHSC, Section 116555(a)(1) and California Code of Regulations
10 (hereinafter "CCR"), Title 22, Sections 64426.1(b)(2).

11 12 **STATEMENT OF FACTS**

13 The Water System is classified as a transient noncommunity public water
14 system with a population of 202, serving 45 connections. The Water
15 System operates under the authority of a conditional water supply permit,
16 issued on November 18, 1971, by the Kern County Health Department.
17 Effective July 1, 2014, the Water System has been under the regulatory
18 jurisdiction of the State Water Board. The Water System currently uses
19 East Spring (PS Code 1502325-001) for domestic supply and two 57,000-
20 gallon tanks. Approval to make the West Spring inactive was issued on
21 November 15, 2018, by the State Water Board, in response to the permit
22 amendment application dated October 17, 2018, from the Water System.
23 No treatment is provided to the water.

24
25 CHSC, Section 116555(a)(1) requires all public water systems to comply
26 with primary drinking water standards as defined in CHSC, Section
27 116275(c). Primary drinking water standards include maximum levels of

1 contaminants and the monitoring and reporting requirements as specified in
2 regulations adopted by the State Water Board.

3
4 CCR, Title 22, Section 64426.1(b)(2), Total Coliform Maximum Contaminant
5 Level (hereinafter "MCL"), states that a public water system is in violation of
6 the total coliform MCL if it collects fewer than 40 bacteriological samples per
7 month and if more than one sample collected during any month is total
8 coliform-positive.

9
10 One out of the two routine distribution system bacteriological samples,
11 collected on November 6, 2018, tested positive for total coliform bacteria.
12 On November 8, 2018, the Water System collected three repeat samples
13 from the distribution system and one repeat sample from the West Tank
14 Inlet (representing the source water from the East Spring). The sample
15 collected from the West Tank Inlet (East Spring) also counts towards the
16 Ground Water Rule's triggered source sampling requirement. Two of the
17 repeat samples collected on November 8, 2018, from the distribution system
18 tested positive for total coliform bacteria. One repeat sample, collected from
19 the West Tank inlet (East Spring), tested negative for total coliform bacteria.
20 No further bacteriological sampling was conducted in November 2018.
21 None of the total coliform positive samples showed the presence of
22 *Escherichia coli* (*E. coli*) bacteria.

23
24 Following the total coliform MCL violation, under the supervision of a
25 certified treatment and distribution operator, Don Woodard, the Water
26 System provided emergency disinfection and flushing of storage tanks, and
27 distribution system in November 2018, and collected five samples from the

1 distribution system, on December 4, 2018, and they all tested negative for
2 total coliform bacteria.

3
4 Due to the second total coliform treatment technique trigger under the
5 federal revised total coliform rule (rTCR), the Water System was required to
6 have a Level 2 Assessment completed to comply with the federal revised
7 total coliform rule. On November 16, 2018, Osiel Jaime, Sanitary Engineer
8 with the Division, conducted a site inspection to help complete the Level 2
9 Assessment. The findings of the Level 2 Assessment were sent to the
10 Water System, by a letter dated December 11, 2018 (**copy provided in**
11 **Appendix 1**). An exact cause of contamination was not identified. In the
12 Level 2 Assessment, the State Water Board recommended replacing
13 screens on the air vents of the East and West Tanks and pouring a concrete
14 pad around the valve box of the East Spring, to prevent animals from
15 entering the valve box. Based on the email response received on January
16 10, 2019 from Mr. Woodard, the Water System is working on taking
17 corrective actions and expects to complete them by March 31, 2019.
18 According to Mr. Woodard, the delay in completion of these items is due to
19 snow in the area.

20
21 Due to the total coliform MCL violation in August 2018, the Water System
22 was required to provide Tier 2 public notification within 30 days of the
23 violation. On December 18, 2018, the Water System provided the public
24 notification and has submitted a copy of the notice to the State Water Board
25 (**Appendix 2**) along with the Compliance Certification (**Appendix 3**) for the
26 Tier 2 public notification.

1 It is noted by the State Water Board that the Water System failed the total
2 coliform MCL twice (August and November 2018) during the last twelve
3 months. If the Water System fails continues to have bacteriological
4 contamination problem and fails the total coliform MCL again within 12
5 months of August 2018, the Water System will be required to install
6 permanent chlorination treatment and provide continuous chlorination
7 treatment. The Water System will need to submit a permit amendment
8 application before installing the treatment and obtain written approval from
9 the State Water Board before using the treatment.

11 DIRECTIVES

12 The Water System is hereby directed to take the following actions:

- 14 1. On or before **January 18, 2019**, complete and return to the State
15 Water Board the "Notification of Receipt" form attached to this
16 Citation as **Appendix 4**. Completion of this form confirms that the
17 Water System has received this Citation and understands that it
18 contains legally enforceable directives(s) with due dates.
19
- 20 2. The Water System shall install permanent continuous chlorination
21 treatment if there is another total coliform MCL failure before or
22 during August 2019. Before installing any treatment, the Water
23 System shall submit a permit amendment application and operations
24 plan for the treatment, and obtain written approval from the State
25 Water Board before using the treatment for domestic supply system.
26

27 All submittals required by this Citation shall be electronically submitted to the
28 State Water Board at the following address. The subject line for all

1 electronic submittals corresponding to this Citation shall include the
2 following information: Water System name and number, citation number
3 and title of the document being submitted.

4
5 Jaswinder S. Dhaliwal
6 Dwpdist19@waterboards.ca.gov
7

8 The State Water Board reserves the right to make modifications to this
9 Citation as it may deem necessary to protect public health and safety. Such
10 modifications may be issued as amendments to this Citation and shall be
11 effective upon issuance.
12

13 Nothing in this Citation relieves the Water System of its obligation to meet
14 the requirements of the California SDWA (CHSC, Division 104, Part 12,
15 Chapter 4, commencing with Section 116270), or any regulation, standard,
16 permit or order issued or adopted thereunder.
17

18 **PARTIES BOUND**

19 This Citation shall apply to and be binding upon the Water System, its
20 owners, shareholders, officers, directors, agents, employees, contractors,
21 successors, and assignees.
22

23 **SEVERABILITY**

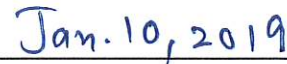
24 The directives of this Citation are severable, and the Water System shall
25 comply with each and every provision thereof notwithstanding the
26 effectiveness of any provision.
27
28

FURTHER ENFORCEMENT ACTION

The California SDWA authorizes the State Water Board to: issue a citation or order with assessment of administrative penalties to a public water system for violation or continued violation of the requirements of the California SDWA or any regulation, permit, standard, citation, or order issued or adopted thereunder including, but not limited to, failure to correct a violation identified in a citation or compliance order. The California SDWA also authorizes the State Water Board to take action to suspend or revoke a permit that has been issued to a public water system if the public water system has violated applicable law or regulations or has failed to comply with an order of the State Water Board, and to petition the superior court to take various enforcement measures against a public water system that has failed to comply with an order of the State Water Board. The State Water Board does not waive any further enforcement action by issuance of this Citation.



Jaswinder S. Dhaliwal, P.E.
Senior Sanitary Engineer, Tehachapi District
Southern California Drinking Water Field Operations Branch
DIVISION OF DRINKING WATER



Date

Appendices (4):

1. Level 2 Assessment Findings Letter dated December 11, 2018
2. Public Notice dated December 18, 2018
3. Compliance Certification Form dated December 18, 2018
4. Notification of Receipt Form

Certified Mail No. 7012 1010 0001 3880 2093

CC: Kern County Dept. of Public Health, Env. Health Division (w/o appendices)

APPENDIX 1. LEVEL 2 ASSESSMENT FINDINGS LETTER DATED DECEMBER 11, 2018



EDUARDO G. BROWN JR.
GOVERNOR



MATTHEW RODRIGUEZ
SECRETARY FOR
ENVIRONMENTAL PROTECTION

State Water Resources Control Board
Division of Drinking Water

December 11, 2018

Donald Woodard, Planner
Kern County Parks and Recreation
1115 Truxtun Ave, 3rd Floor
Bakersfield, CA 933001

SUBJECT: LEVEL TWO ASSESSMENT OF THE KERN COUNTY PARKS AND RECREATION – TEHACHAPI MOUNTAIN PARK WATER SYSTEM (SYSTEM NO. 1502325)

Dear Mr. Woodard:

On November 16, 2018, Osiel Jaime, Sanitary Engineer with the State Water Resources Control Board (hereinafter State Board), Division of Drinking Water, conducted a Level 2 Assessment of the Kern County Parks and Recreation – Tehachapi Mountain Park Water System (hereinafter Water System). The Level 2 Assessment was required under the federal revised Total Coliform Rule, following the Water System's total coliform MCL failures in August and November 2018. A copy of the Level 2 Assessment Form is enclosed (**Enclosure 2**).

The likely cause of bacteriological contamination was not found. However, below you will find our major recommendations.

1. Fine mesh screens (#24 non-corrodible) should be installed over the coarse screen on the air vents for the East and West Tanks.
2. It is recommended that a concrete floor be made around the valve box, located right after the East Spring, to prevent animals from entering the valve box.

Within 30 days, please provide a status report to our office. If you have any questions concerning the issues discussed in this letter, please contact Osiel Jaime at (661) 335-7347.

Sincerely,

Jaswinder S. Dhaliwal, P.E.
Senior Sanitary Engineer
STATE WATER RESOURCES CONTROL BOARD
DIVISION OF DRINKING WATER

Enclosure: Level 2 Assessment Form

cc: Kern County Department of Public Health, Environmental Health Division (w/o enclosure)

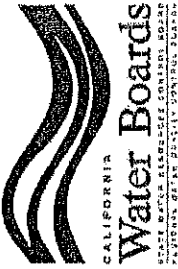
FELICIA MARCUS, CHAIR | EILEEN SOBECK, EXECUTIVE DIRECTOR

4925 Commerce Drive, Suite 120, Bakersfield, CA 93309 | www.waterboards.ca.gov

Enclosure 1

Level 2 Assessment Form

REVISED TOTAL COLIFORM RULE (RTCR) – LEVEL 2 ASSESSMENT



This form is intended to assist Division of Drinking Water (DDW) or Local Primacy Agency (LPA) Staff in completing the investigation required by the federal revised Total Coliform Rule (rTCR) [effective April 1, 2016]. If the answer has a large box around it, it is an issue and needs to be described by LPA or DDW in the next column. Please include the question number in the description. The PWS must address each issue described in the Corrective Action column. To avoid a violation, the water system must submit to DDW/LPA a completed assessment report no later than 30 days after the trigger date.

PWS ID#: 1502325		PWS Name: [Tehachapi] Mountain Park		Circle one: CWS / NTNC / TNC		
Operator in Responsible Charge (print name): Donald Woodward		Phone: 661-868-7020				
Assessment trigger date: 7/19/18		Date Assessment Completed: 8/16/18				
SEASONAL: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		Reason for Assessment: 2 net failures in 12-month period				
Person who collected TC positive samples: Donald Woodward		Contact info for person who collected samples: 661-868-7020				
Name of Certified Lab conducting sample analysis: Zalco Labs						
Assessment Elements		Y	N	N/A	Issue Description	Corrective Action Taken or Planned to be Taken and Date
1. Review of the sample sites		Y	N	N/A	Indicate Element number being described.	Indicate Element number being described.
1.1	Was the sample taken at the routine coliform site? List the name(s) of the positive sample site(s).	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
1.2	Was the tap area unsanitary at the time of sampling?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
1.3	Was this sample taken from an outside faucet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
1.4	Was the sample taken from a swivel tap?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
1.5	Did the tap have a point of use treatment device on it?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
1.6	Does the building where the sample was taken have a point of entry device?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
1.7	Has this location undergone any plumbing replacements or repairs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
1.8	Are there any possible cross connections around the sample site (including yard hydrants and stock tanks)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
1.9	Is this location near a storage tank or dead end?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
1.10	Have there been any analytical results or any additional samples collected, including source samples, which were positive (not for compliance)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
1.11	Prior to this incident, when was the most recent satisfactory coliform samples taken?	9/10/18				
1.12	Any other sample site issues not previously mentioned?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		

both route 115, reports above
failure, consider a different location or a
changing the tap

REVISED TOTAL COLIFORM RULE (RTCR) – LEVEL 2 ASSESSMENT

2.	Review of sample protocol	Y	N	N/A	Indicate Element number being described.	Indicate Element number being described.
2.1	Was the positive sample(s) taken by the operator in responsible charge? Provide name of sampler.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Driped instead</i>	
2.2	Is the sampler a regular, trained sampler?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2.3	Was a laboratory-provided TC sample bottle used?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2.4	Was the aerator removed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
2.5	Was the water tap flushed for at least 5 minutes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2.6	Was the tap disinfected or flamed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2.7	Did the sample get too warm prior to being placed on ice?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>10-15 minutes - both</i>	
2.8	Were there other sampler errors? Describe	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>- second section</i>	
2.9	If it is a seasonal system, were there any problems during the most recent start-up procedure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2.10	Any other sample protocol issues not previously mentioned (e.g. vandalism or unauthorized access)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
3.	Review of the distribution system.	Y	N	N/A	Indicate Element number being described.	Indicate Element number being described.
3.1	Have any mains or service lines recently been repaired, replaced or installed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
3.2	Have fire hydrants or blow offs been recently flushed/used/sheared?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
3.3	Have valves been recently exercised to direct flow?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
3.4	Any leaks or main breaks noted?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
3.5	Are all of the backflow prevention devices operational and maintained?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
3.6	Was there a total loss of pressure, low pressure (<20 psi) or changes in water pressure? If yes, when?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
3.7	Any areas of the distribution with low disinfectant levels (<0.2 mg/L)?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
3.8	Any recent pump station failures or repairs?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
3.9	Air relief valve leaking?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
3.10	Standing water or debris in (air relief) valve vault?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
3.11	Any recent power loss?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
3.12	Any unprotected cross connections (including yard hydrants and stock tanks)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
3.13	Has high turbidity been detected in the distribution system?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
3.14	Is there evidence of intentional contamination or vandalism?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
3.15	Any other distribution issue not previously mentioned (e.g. other O&M activities that could have introduced coliforms)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		

REVISED TOTAL COLIFORM RULE (RTCR) - LEVEL 2 ASSESSMENT

4. Review of storage tank(s) (Note the specific facility if any issues are found)		Y	N	N/A	Indicate Element number being described.	Indicate Element number being described.
4.1	Is there a presence of animals or insects in the tank(s)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
4.2	Are there breaches or holes of any sort into tank(s)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
4.3	Is there any presence of animal droppings around openings, vents or overflows?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
4.4	Is there sediment buildup and floating debris in tank(s)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
4.5	Have the tank(s) been cleaned within the last 5 years? If not, list when it was last cleaned.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.6	Are the vents and overflows protected against entry from animals, insects or other contaminants?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
4.7	Are the screens damaged or not properly installed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
4.8	Does the reservoir have a common inlet/outlet?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
4.9	Is the overflow pipe directly connected to a tank drain, sanitary sewer or storm drain?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
4.10	Does the hatch have a solid, water proof, shoebox type lid that is properly sealed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.11	Was the hatch locked or secured?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.12	Has the tank been accidentally drained?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
4.13	Have there been high flows through the tank?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
4.14	Was there high water age in the tank (infrequent water use)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
4.15	Was the sample taken when the tank was at the low level mark?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
4.16	Failure or improper operation on tank telemetry/altitude valves/controls?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
4.17	Any recent repairs on the tank(s)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
4.18	Was there any power loss?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
4.19	Is the site secured (e.g. fencing, locked gates, etc.)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
4.20	Was the tank vandalized or subject to tampering?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
4.21	Any other storage tank issues not previously mentioned above?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Pressure Tanks (if applicable)		Y	N	N/A	Indicate Element number being described.	Indicate Element number being described.
4.22	What is the volume of the pressure tank? Attach additional sheets if needed.			N/A		
4.23	What is the age of the pressure tank? Attach additional sheets if needed.			N/A		
4.24	Does the pressure tank use a bladder and/or air compressor? Attach additional sheets if needed.			N/A		
4.25	Did the pressure tank(s) deviate from normal operating pressure?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
4.26	Is the compressor pump running more than normal?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		

need a fine mesh screen over the loose screen

no power for water system

REVISED TOTAL COLIFORM RULE (RTCR) – LEVEL 2 ASSESSMENT

[illegible]

REVISED TOTAL COLIFORM RULE (RTCRR) – LEVEL 2 ASSESSMENT

		Primary			Backup	Emergency
6.3	Is there a casing vent?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
6.4	Does the casing and/or air relief vent have a screen to prevent the entry of insects?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
6.5	Does the vent and pump to waste terminate in an air gap of at least three pipe diameters above the ground?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
6.6	How is the well used? (Circle if applicable)					
6.7	Are there any unprotected cross connections at the wellhead?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
6.8	Are there any unprotected openings in the pump or pump assembly?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
6.9	Is the pitless adapter damaged?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
6.10	Are there any exposed holes or cracks near the wellhead? For example electric conduit.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
6.11	Has there been any recent work performed on the pump?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
6.12	Is the wellhead secured to prevent unauthorized access?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
6.13	Have there been any sewer spills, source water spills or other disturbances near the well?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
6.14	Is the wellhead at least 18-inches above grade?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
6.15	Is there evidence of standing water near the wellhead?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
6.16	Is the well pit in standing water or evidence of flooding?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
6.17	Any other well issues not previously mentioned above?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Sources- Spring(s) (Note the specific facility if any issues are found)		Y	N	N/A		
6.18	Is there evidence of flooding or infiltration of surface water runoff around the spring?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
6.19	Is the spring box improperly developed or poorly maintained?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
6.20	Is the spring site secured (e.g. locks, fence, gate, etc).	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6.21	Are there dead animals near the spring?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
6.22	Any other issues about springs not previously mentioned above?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Sources – Surface Water		Y	N	N/A		
6.23	Have there been algae blooms?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
6.24	Has the source water turned over?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
6.25	Have there been any sewer spills, source water spills or other disturbances?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
6.26	Any other source water issues not previously mentioned above?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		

Vertical well

REVISED TOTAL COLIFORM RULE (RTCR) – LEVEL 2 ASSESSMENT

Sources-purchased water								
6.27	Water quality issues with supplier?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>				
6.28	Low disinfectant residual from supplier (typically ≤ 0.2 mg/L)?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>				
6.29	Any other purchased water issues not previously mentioned above?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>				
Applicable to all sources								
6.30	Has an unapproved source been used?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
6.31	Has there been a change in sources?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
6.32	Has there been recent rapid snowmelt, heavy rainfall or flooding?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
6.33	Any evidence of animals near the source?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
6.34	Have there been changes in available source water (e.g. significant drop in water table, reservoir capacity)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
6.35	Is the source water sample for ground water systems E. coli positive? This may indicate that the positive sample is originating from the source and may be a continuous source of contamination.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
6.36	Any other source issues not previously mentioned above?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
7. General Operations								Indicate Element number being described.
7.1	During or soon after bacteriological quality problems, did you receive any complaints of any customers' illness suspected of being waterborne? How many?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
7.2	What were the symptoms of illness if you received complaints about customers being sick?	N/A						
7.3	Were there any extreme weather/natural events (e.g. heat, freezing, raining, windy, fires, earthquakes etc)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
8. Significant Deficiencies								Indicate Element number being described.
8.1	Are there any unaddressed significant deficiencies? This may indicate that the problem is known and is in the process of being remedied. Include approved corrective action date and status of each corrective action.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				

Perennial concrete floor for the box

1. Attach additional sheets if needed.

REVISED TOTAL COLIFORM RULE (RTCR) – LEVEL 2 ASSESSMENT

Additional Comments:

- Install fine mesh screens over coarse screen on both vents
- have a concrete floor for the valve box for East Spring
- Consider not collecting samples from swirl trap

Name of SWRCB-Division of Drinking Water or LPA representative completing the form (PRINTED):

Signature: *CS*

Date: *OSel Scime*

Water system responsible party (PRINTED): *Donald B Woodward*

Signature: *Donald B Woodward*

Date: *11/16/18*

Reserved for Regulatory Agency (DDW / LPA) Review

	Yes	No	Comments
1. Has assessment been successfully completed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2. Likely reason for EC+ occurrence has been found.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
3. System has corrected the problem.	<input type="checkbox"/>	<input type="checkbox"/>	
4. Were all issues identified corrected?	<input type="checkbox"/>	<input type="checkbox"/>	
4. Corrective Action Approved?	<input type="checkbox"/>	<input type="checkbox"/>	

APPENDIX 2. PUBLIC NOTICE DATED DECEMBER 18, 2018

NOTIFICATION TEMPLATE

IMPORTANT INFORMATION ABOUT YOUR DRINKING WATER

Este informe contiene información muy importante sobre su agua potable.
Por favor hable con alguien que lo pueda traducir.

Kern County Parks & Recreation - Tehachapi Mountain Park Water System Has Levels of Coliform Bacteria Above the Drinking Water Standard

Our water system recently violated a drinking water standard. Although this is not an emergency, as our customers, you have a right to know what you should do, what happened, and what we did to correct this situation.

We routinely monitor for drinking water contaminants. We took six samples to test for the presence of coliform bacteria during November 2018. Three of those samples showed the presence of total coliform bacteria. The standard is that no more than one (1) sample per month may test positive for coliform bacteria.

What should I do?

- **You do not need to boil your water or take other corrective actions.**
- This is not an emergency. If it had been, you would have been notified immediately. Total coliform bacteria are generally not harmful themselves. *Coliforms are bacteria which are naturally present in the environment and are used as an indicator that other, potentially-harmful, bacteria may be present. Coliforms were found in more samples than allowed and this was a warning of potential problems.*
- Usually, coliforms are a sign that there could be a problem with the system's treatment or distribution system (pipes). Whenever we detect coliform bacteria in any sample, we do follow-up testing to see if other bacteria of greater concern, such as *E. coli*, are present. **We did not find any of these bacteria in our subsequent testing, and further testing shows that this problem has been resolved.**
- If you have health issues concerning the consumption of this water, you may wish to consult your doctor.

What was done?

Describe the actions taken by Kern County Parks & Recreation Department in response to the total coliform positive samples: The Water System was disinfected on November 16, 2018. Five bacteriological samples were collected on December 4, 2018, and all samples were negative for total coliform bacteria.

Tehachapi Mountain Park Water System previously failed the total coliform MCL in August 2018. Since this is a repeat failure within 12 months, federal law requires completing a Level 2 Assessment within 30 days of the violation. On November 16, 2018, Staff from the State Water Resources Control Board inspected the Water System to help complete the Level 2 Assessment and summarized the findings in a letter dated December 11, 2018. An exact cause of contamination was not identified in the Level 2 Assessment. We are required to provide an update to the State Water Board within 30 days about the items/recommendations.

For more information, please contact:

Donald Woodard with Kern County Parks & Recreation Department at (661) 868-7020 or
1115 Truxtun Ave., 3rd Floor
Bakersfield, CA 93301

This notice is being sent to you by Kern County Parks & Recreation - Tehachapi Mountain Park Water System in compliance with the California Domestic Water Quality and Monitoring Regulations as a means of keeping the public informed.

State Water System ID: 1502325. Date distributed: 12/18/2018

APPENDIX 3. COMPLIANCE CERTIFICATION DATED DECEMBER 18, 2018

COMPLIANCE CERTIFICATION

Citation Number: 03_19_18C_XXX (PENDING)

Name of Water System: Kern County Parks & Recreation - Tehachapi Mountain Park Water System

System Number: 1502325

Certification

I certify that the users of the water supplied by this water system were notified of the bacteriological monitoring violation of California Code of Regulations, Title 22, Section 64426.1, for the compliance period of November 2018 and the required actions listed below were completed.

Required Action	Date Completed
Public Notification Method(s) Used: <i>Posting in prominent locations throughout Parks</i>	<i>12/18/18</i>
Complete a Level 2 Assessment Form	11/16/18
Collect five (5) routine bacteriological samples and have samples analyzed for Total Coliform & E.coli bacteria in the month following the MCL exceedance.	12/4/18



Signature of Water System Representative

12/18/18

Date

Attach a copy of the public notice distributed to the water system's customers with a copy of the laboratory results from the 5 routine bacteriological samples.

**THIS FORM MUST BE COMPLETED AND RETURNED TO THE STATE WATER BOARD,
DIVISION OF DRINKING WATER, NO LATER THAN DECEMBER 24, 2018.**

Disclosure: Be advised that the California Health and Safety Code, Sections 116725 and 116730 state that any person who knowingly makes any false statement on any report or document submitted for the purpose of compliance with the Safe Drinking Water Act may be liable for, respectively, a civil penalty not to exceed five thousand dollars (\$5,000) for each separate violation or, for continuing violations, for each day that violation continues, or be punished by a fine of not more than \$25,000 for each day of violation, or by imprisonment in the county jail not to exceed one year, or by both the fine and imprisonment.

Appendix 4 – Notification of Receipt

Citation Number: 03_19_19C_002

Name of Water System: Kern County Parks & Recreation - Tehachapi Mountain Park Water System

System Number: 1502325

Certification

I certify that I am an authorized representative of the Kern County Parks & Recreation - Tehachapi Mountain Park Water System and that Citation No. 03_19_19C_002 was received on _____. Further I certify that the Citation has been reviewed by the appropriate management staff of the Kern County Parks & Recreation - Tehachapi Mountain Park Water System and it is clearly understood that Citation No. 03_19_19C_002 contains legally enforceable directives with specific due dates.

Signature of Water System Representative

Date

**THIS FORM MUST BE COMPLETED AND RETURNED TO THE STATE WATER BOARD,
DIVISION OF DRINKING WATER, NO LATER THAN JANUARY 18, 2019.**

Disclosure: Be advised that the California Health and Safety Code, Sections 116725 and 116730 state that any person who knowingly makes any false statement on any report or document submitted for the purpose of compliance with the Safe Drinking Water Act may be liable for, respectively, a civil penalty not to exceed five thousand dollars (\$5,000) for each separate violation or, for continuing violations, for each day that violation continues, or be punished by a fine of not more than \$25,000 for each day of violation, or by imprisonment in the county jail not to exceed one year, or by both the fine and imprisonment.